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P.O. Box 1450

Alexandria, VA 22313-1450

Mail Stop Patent Application

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): **Anne Flisher, Gareth Ian Naylor and Lee Raistrick**For: **POLYMERISATION PROCESS**

Enclosed are:

- ☒ 16 pages of specification including claims
- ☒ 1 page(s) of abstract
- ☒ Declaration and Power of Attorney (copy) (For continuations/divisionals)
- ☒ **Preliminary Amendment**

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- ☒ This application is a **divisional** of prior application No. **09/890,129 filed 7/27/01**.
 - ☒ The entire disclosure of the prior application, from which a copy of the declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.
 - ☒ Amend the specification by inserting before the first line:

--This is a divisional of application Serial No. **09/890,129 filed 7/27/01**, which is the national stage of International Application No. **PCT/EP01/00391, filed January 15, 2001**, still pending.--

- ☒ Priority of application No(s). **0001883.8** filed on **1/28/00** respectively; in **Great Britain** is claimed under 35 U.S.C. 119.
A certified copy of each priority document is
- ☒ of record in application No. **09/890,129** filed **7/27/01**.
- ☒ **Prior to calculating the fees, kindly consider the attached Preliminary Amendment.**

Filing Fee Calculation:

Basic Fee							\$770.00
Multiple Dependent Claims (\$290)							
Foreign Language Surcharge (\$130)							
	For	Number Filed		Number Extra		Rate	
EXTRA Claims	TOTAL CLAIMS	7	-20	0		\$18	=
	INDEPENDENT CLAIMS	1	-3	0		\$86	=
					TOTAL FILING FEE		\$770.00

Please charge Deposit Account No. 03-1935 in the amount of **\$770.00**. Two additional copies of this paper are enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required, or credit any overpayment, to Account No. 03-1935.

Please address all correspondence to JoAnn Villamizar, Patent Department, Ciba Specialty Chemicals Corporation, 540 White Plains Road, P.O. Box 2005, Tarrytown, NY 10591-9005 and associate the attached application with **Customer Number 000324**. Please address all telephone calls to the undersigned at the number given below.

Respectfully submitted,



Tyler A. Stevenson
Agent for Applicants
Reg. No. 46,388

Ciba Specialty Chemicals Corporation
Patent Department
540 White Plains Road
P.O. Box 2005
Tarrytown, NY 10591-9005
(914) 785-2783